



## **Lessons Learned from Project Catalyst: State/Territory-Wide Transformation on Health, Intimate Partner Violence, and Human Trafficking**

**February 22, 2022**

*Spanish and American Sign Language interpretation will be provided  
Se proporcionará interpretación en español y ASL*



# Order of Presentation

2

**Introductions**

**Resources for the Field**

**Building Health Center & DV Program Partnerships**

**Project Catalyst Goals, Phases I-II Outcomes**

**Project Catalyst III Outcomes**

**Project Catalyst State Leaders**

**Resources and Closing**



# Futures Without Violence & University of Pittsburgh Key Staff

3



Anna Marjavi



Anisa Ali, MA



Lisa James, MA



Graciela Olguín



Elizabeth Miller, MD, PhD



Sarah Scott, MPH Candidate



# Project Catalyst State Leaders

4



**Brandy Dailey, MPA**  
Community Response Facilitator  
Arkansas Coalition Against DV



**Meggie Royer**  
Youth and Prevention  
Program Manager,  
Violence Free Minnesota



**Lindsay Weaver, MPH**  
Integrated Health Program  
Coordinator,  
Ohio Association of  
Community Health Centers



# U.S. DHHS Federal Partners

5

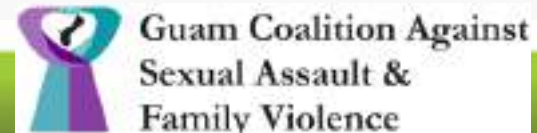
- **Tracy Branch**, DHSc, CPH, MPAS, PA-C, DFAAPA; Senior Advisor, HRSA Bureau of Primary Health Care
- **Shawndell Dawson**; Director, Family and Youth Services Bureau, Administration for Children, Youth, and Families
- **Kenya Fairley**, MEd; Supervisory Program Specialist, Family and Youth Services Bureau, Administration for Children, Youth, and Families
- **Damien Frierson**, PhD, MSW; Public Health Analyst, HRSA Bureau of Health Workforce,
- **Nancy Mautone-Smith**, MSW, LCSW; Director, HRSA Office on Women's Health
- **Folashade Osibanjo-Quinn**, MPH; Public Health Analyst/Project Officer, Strategic Partnerships, HRAS Bureau of Primary Health Care,
- **Jane Segebrecht**, MPH; Strategic Initiatives Lead, HRSA Office of Women's Health
- **Mao Yang**; Public Health Analyst, HRSA



# Project Catalyst 2017-2021

STATE-LEVEL – PRIMARY CARE ASSOC, DEPTS OF HEALTH, DV COALITIONS

6





# Free Resources for National Dissemination

8

FUTURES offers a package of adaptable resources so that the Project Catalyst model can easily be adapted –

- **3.5 hour Training Curricula for health centers and DV programs**
  - Interactive, virtual or in-person
  - Agendas and flyers to adapt
  - Training video vignettes
  - Handouts on safe harbor laws, reflective practice
- **A health intake form to help DVPs** increase health access for clients + staff
- **Tools to build partnerships**, like MOUs
- **Evaluation tools**
- Multi-lingual patient and population-specific **safety card tools**
- **COVID-19 telehealth and privacy guidance**





# Evaluation Tools

9

A Package of evaluation tools developed by Children's Hospital of Pittsburgh, University of Pittsburgh:

- Referral Tracking Tool
- State/Territory Policy Assessment Tool
- Leadership Team Survey
- Quality Assessment/Quality Improvement Tools (for CHCs and DVPs)
- Pre-training, immediate post-training, and 3 month follow-up surveys for CHCs and DVPs



# The Heart of the Model: Building Meaningful Partnerships

10

*Partnerships help promote bi-directional warm referrals for clients/patients and increase staff engagement and support.*



**DV Advocacy Partner**  
*Improve health and wellness for DV/HT survivors*



**Community Health Center Partner**  
*Improve health and safety through "CUES"*

Download a sample MOU: <https://ipvhealthpartners.org/partner/>

# **CUES:** An Evidence-based Intervention

11

**C**onfidentiality

**U**niversal Education

**E**mpowerment

**S**upport



# Overview of Community Health Centers (CHC)

12

**Community health centers are community-based and patient-directed organizations that deliver no-cost/ low-cost comprehensive primary health care.**

They often include:

- ✓ pharmacy
- ✓ mental health services
- ✓ substance abuse programs
- ✓ oral health services

Located in medically underserved areas and for medically underserved populations. <https://findahealthcenter.hrsa.gov/>



*Photo: CHC Staff at Asian Health Services in Oakland, CA in 2021*



# Benefits of Health Center & DV Programs Partnerships during COVID

13

- ✓ COVID testing (in-clinic and drive-through/walk-up) and vaccinations (available for staff and clients)
- ✓ Health enrollment for clients or staff (sick or not)
- ✓ Help establishing a primary care provider (PCP) – moving away from emergency-level care
- ✓ COVID operational protocol consultation (for DV programs & shelters)
- ✓ Support for health center staff who are experience DV

**Aligns with American Rescue Plan priorities to provide access to COVID-19 testing, vaccines, and mobile health units for DV programs**



# Project Catalyst

14

Fostering leadership and collaboration at the U.S. state and territory level to improve the health and safety outcomes for survivors of IPV and human trafficking in community health centers and domestic violence programs and to promote prevention.

Leadership teams consist of three partners from one state or territory's:

- Primary Care Association
- Department of Health/  
Department of Public Health
- Domestic Violence Coalition

# Project Catalyst Overview

15

## **State and Territory Leadership Teams work to achieve the following goals:**

1. Promote state and territory policy and systems changes for community health centers (CHCs) and domestic violence programs (DVPs)
2. Trauma-informed practice transformation in 5 partnering CHCs and DVPs
3. Ongoing integration of the IPV and human trafficking response into health care delivery statewide/region-wide; action plan to train 50% of HRSA-funded CHCs.



# Project Catalyst Phase I & II Cohorts

16



## Project Catalyst I

- Arkansas
- Connecticut
- Idaho
- Iowa
- Minnesota (self-funded)



## Project Catalyst II

- Colorado
- Guam
- North Carolina





# PC I & II Highlights: State/Territory Level

17

## Phases I & II engaged:

- ✓ 6 participating states & 1 U.S. territory
- ✓ 29 DVP/CBOs and 34 CHCs
- ✓ 947 CHC staff and 268 DVP/CBO staff

## As a result, State/Territory LTs:

- ✓ Included Project Catalyst info in other statewide convenings and annual conferences.
- ✓ Implemented mandates to encourage health centers to implement a seeing patients alone policy.
- ✓ Continue to offer ongoing training and education throughout the state and implement policy change.

# PC I & II Highlights: Demo Site Outcomes

18

- ✓ **947** health center staff trained, **268** DVP staff trained
- ✓ **12 of 22** health centers began having staff routinely offer universal education on IPV/HT
- ✓ **19 of 22** health centers know an advocate or counselor who can provide on-site follow up with a patient who discloses IPV/HT/E
- ✓ **21 of 22** health centers assess for IPV/HT/E in a private place
- ✓ **ALL** DVPs have resource lists that identify clinical referrals/resources for clients who needs medical, mental health, and reproductive/sexual health care
- ✓ **ALL** DVPs assessing for reproductive health needs - including the desire for contraception



# Project Catalyst Phase III Cohort (December 2019- September 2021)

19



- **Georgia**
- **Minnesota**
- **Ohio**



# Phase III: State-Level Outcomes

20

Objective 1: Promote state and territory policy and systems changes for community health centers (CHCs) and domestic violence programs (DVPs)

- ✓ All 3 SLTs participate in behavioral health networks, substance abuse prevention and treatment networks, health care quality improvement networks, health care quality improvement networks, and adolescent health promotion networks
- ✓ All 3 State Leadership have featured Project Catalyst interventions at related trainings
- ✓ All 3 states integrated IPV/HT/E into maternal health initiatives



# Phase III: Demo Site Level Outcomes

21

Objective 2: Trauma-informed practice transformation in 5 partnering CHCs and DVPs

- ✓ **121 health center staff and 109 DVP/CBO staff trained**
- ✓ **Provider/advocate level success**
  - ✓ **97%** of providers and advocates felt the training increased their understanding of how trauma informed practices can support staff and patients.
  - ✓ **98%** of advocates felt the training increased their understanding of the impact of IPV/HT/E on their clients' health.
  - ✓ **83%** of advocates reported that following the training they were more likely to assess for human trafficking with any client.
  - ✓ **94%** of providers felt that the training increased their knowledge of the CUES intervention.
  - ✓ **3 months after training, 83%** of providers reported that they were more confident in referring a patient to a DVP/CBO partner organization.

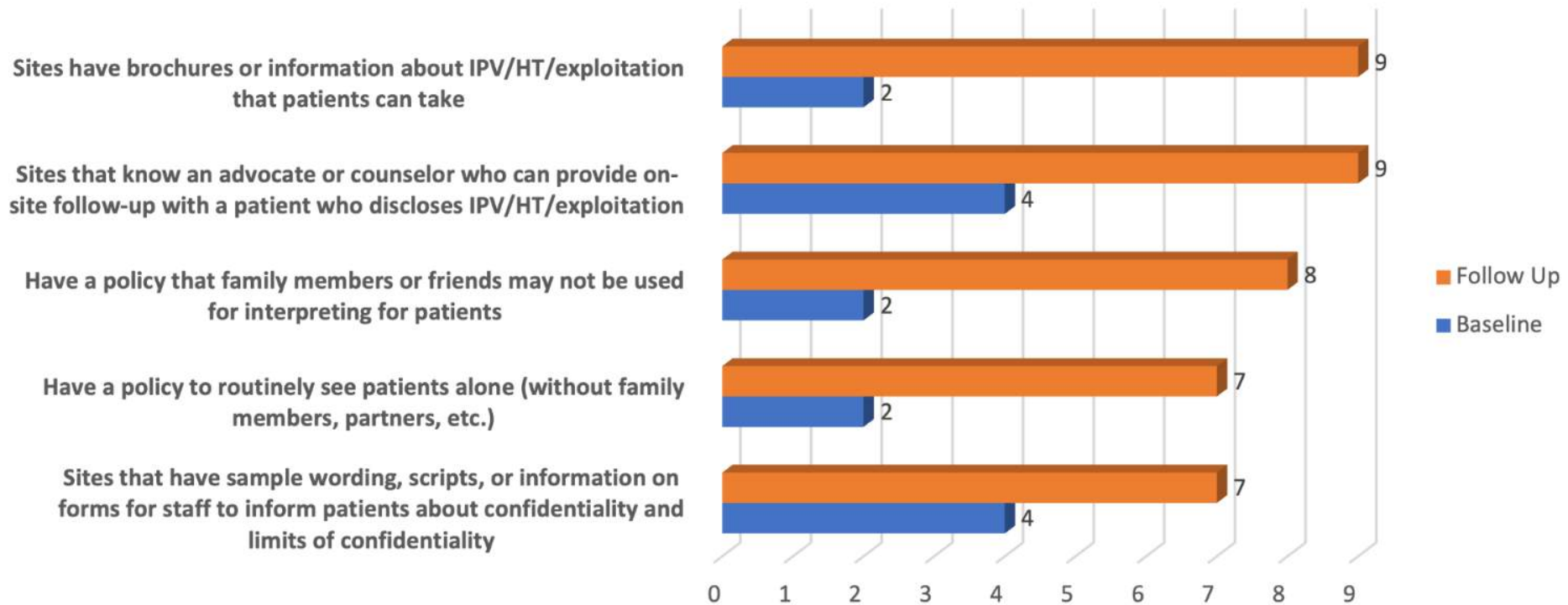


# Phase III: Demo Site Level Outcomes

Objective 2: Trauma-informed practice transformation in 5 partnering CHCs and DVPs

22

## Community Health Centers QAQI

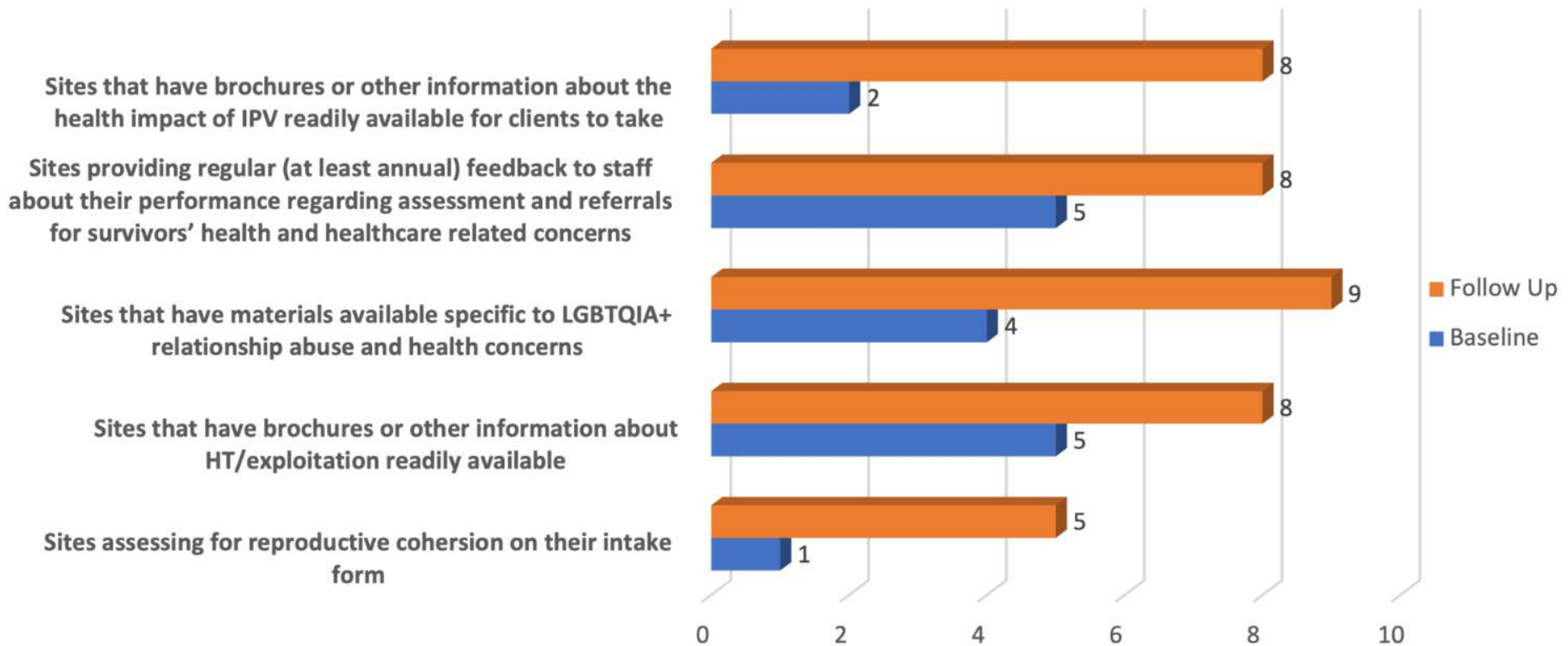


# Phase III: Demo Site Level Outcomes

Objective 2: Trauma-informed practice transformation in 5 partnering CHCs and DVPs

23

## Domestic Violence Programs QAQI



# Phase III: State-Level Outcomes

24

Objective 3: Ongoing integration of the IPV and human trafficking response into health care delivery statewide/region-wide

2 states offer the following technical support:

- ✓ Offered a shared online site to DVPs and CHCs to access training tools related to IPV/HT/E
- ✓ Strategies for integrating IPV/HT/E into other health promotion or system reform efforts (such as ACO's)
- ✓ Tools, training, or resources to health centers using PRAPARE (Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences)





# Stories of Impact: Minnesota



25

- **4 additional demonstration sites received state grant funding to continue Project Catalyst work**
  - One culturally specific domestic violence program and partner community health center
  - One domestic violence shelter and partner community health center
- **Minnesota received five-year Office on Women's Health grant to reduce and prevent maternal deaths due to violence (homicide & suicide)**
  - Implementation of CUES (Confidentiality, Universal Education, Empowerment, Support) method and adaptation for Black and Indigenous communities
  - Collaboration between Minnesota Department of Health, Violence Free Minnesota, Minnesota Association of Community Health Centers, and Minnesota Perinatal Quality Collaborative
- **Creation of telehealth resources for providers and DV advocates in Hmong, English, Spanish, and Somali**
  - Telehealth scripts, pandemic safety cards, resource posters, Zoom backgrounds

# Minnesota Telehealth Resources

26



Resource Poster (available for additional demographics)



Zoom Background (available in additional colors)



# Minnesota Telehealth Resources

27

## Privacy

Sometimes it's nice to be able to talk one-on-one as adults, or you may be worried about your privacy. Is there any chance you could take yourself for a walk while we talk? Other ideas for privacy could be another room, garage, backyard, or in the car.

*[The following line is only applicable if the patient has children.]* Is there someone else in the house who could watch the kids while we talk, or maybe they have a headset they could wear while we talk?

*[Share the following line with all patients.]* I know sometimes other people may walk into the room while we are talking, or something might happen that could affect your privacy. If you ever feel uncomfortable, please feel free to change the subject and I will follow suit.

## Support During COVID -19 – Transition to Universal Education on Relationship Safety

### If You Are Unable to Speak to the Patient Alone...

*[If the patient's partner, family member, friend, or child can overhear the conversation or are present in the room with the patient and you are unable to speak to them alone, do not initiate a conversation about healthy or unhealthy relationships. This will have to wait until another visit when you can speak to the patient alone for their safety.]*

Safety cards



Provider telehealth scripts

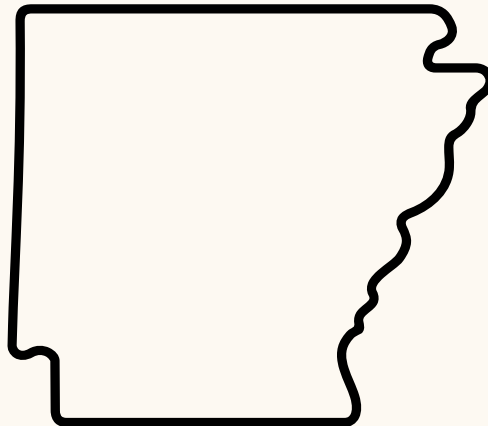


Safety During a Public Health Crisis

# Project Catalyst in Arkansas

## THREE CORE PARTNERS

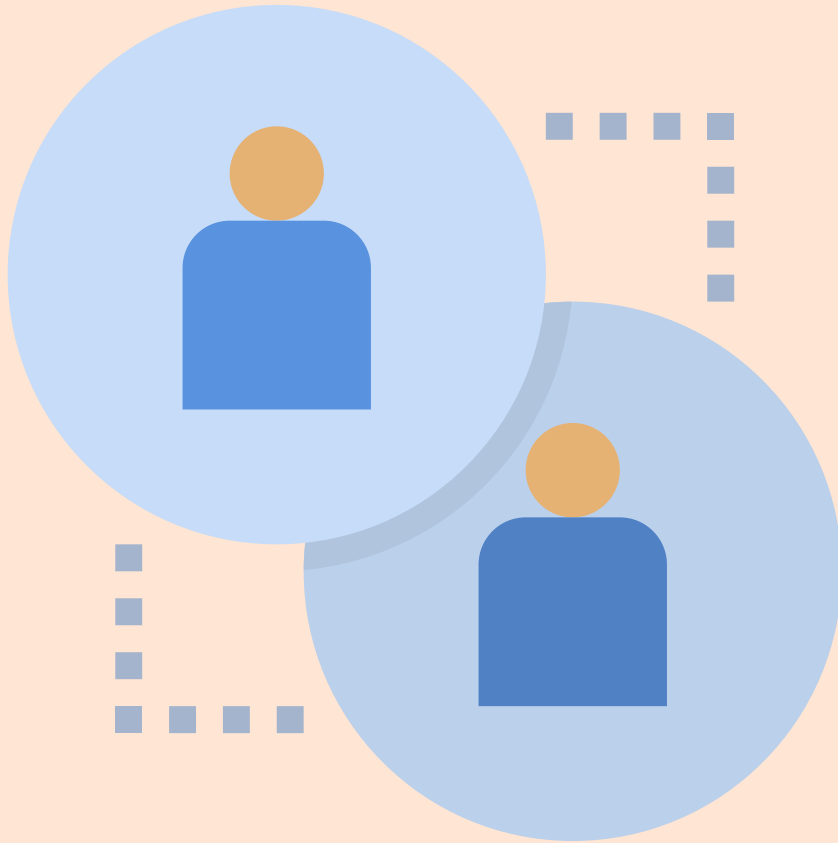
CHCA - Primary Care Assoc.  
ACADV - State DV Coalition  
ADH - Dept. of Health



## 5 PILOT SITES

West Memphis  
Little Rock  
Fayetteville  
Mountain Home  
Monticello

340 trained in 10 organizations during 10 month period



## Relationships are powerful!

- Meet & Greets hosted at each site revealed new connections
- Full site trainings with partners present gave cross-training expertise
- Follow Up meetings served as checkpoint for facilitators & champions

## Health Story:

"Just recently, I met with a young lady, who I've been seeing for two years. Last week, she left the abusive situation she has been in for many years. We had discussed our partner DV agency several times as an option for her when she decided to leave. She stopped by their thrift store to discuss her options after leaving and was guided successfully through the process of obtaining a protection order."

## Shelter Story: (from client)

"When [the advocate] asked me the questions about him messing with my birth control, I realized that had been happening for a long time. I never knew it was part of this, and now I see it"

## \$8.6 MILLION IN ARP FUNDING

To be awarded to our member shelters, will require CUEs training and active health partnership

## INTEGRATION OF PUBLIC HEALTH

All DV shelters are now trained on health impact of IPV and HT

## EXPANSION OF CURRICULUM

Training provided to child welfare, hospital systems, resource centers, law enforcement, nurses, veterinary technicians, and more!



Ongoing  
Impact

# Thank You

Questions? Comments?  
[BDailey@domesticpeace.com](mailto:BDailey@domesticpeace.com)







# Lindsay Weaver

34

- Integration of brain injury, SUD/MAT
- ODH Extension to entire state of Ohio
  - DV Advocacy – 117 attendees
  - Health Center – 38 attendees
- Ohio Council to Advance Maternal Health training development



# Project Catalyst: Total Reach

35

- Through 3 phases, Project Catalyst has had participation from **10 states/territories.**
- Project Catalyst Phases I, II, and III demo sites trained:
  - ✓ 45 DVPs/CBOs
  - ✓ 377 DVP/CBO staff
  - ✓ 51 CHCs
  - ✓ 1,068 CHC staff

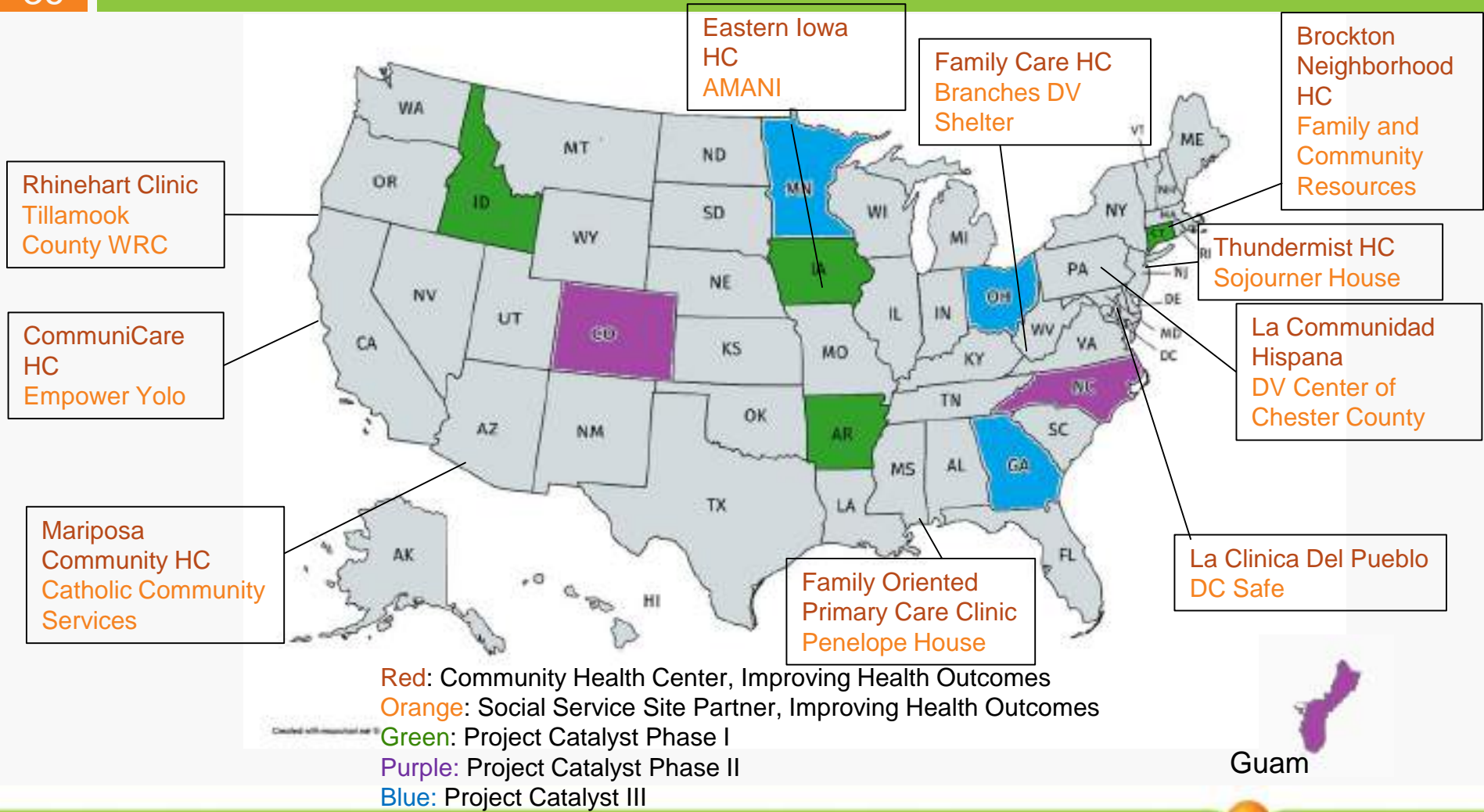


*Idaho Training of Trainers in Boise, ID 2018*

- Number of PCAs reached: **11**
- Number of DVCs reached: **11**
- Number of Depts of Health/Public Health: **10**



# Improving Health Outcomes and Project Catalyst Phases I-III Sites



Guam



# [www.IPVHealthPartners.org](http://www.IPVHealthPartners.org) online toolkit + CUES

37

Guidance on:

- ✓ Enhancing patient privacy
- ✓ Disclosing limits of confidentiality
- ✓ Universal education scripts
- ✓ Reaching friends and family
- ✓ Disclosures + supportive messages
- ✓ Warm referrals to local DV programs
- ✓ Safely sharing resources
- ✓ Tech privacy tips



[www.ipvhealthpartners.org](http://www.ipvhealthpartners.org)

Developed by and for community health centers in partnership with domestic violence programs

**+ New guidance on COVID-19 and telehealth support**

# National Training and Technical Assistance Partnership (NTTAP)

38

**Health Partners on IPV + Exploitation** is led by Futures Without Violence (FUTURES) and funded by the Health Resources and Services Administration's (HRSA's) Bureau of Primary Health Care (BPHC) to work with community health centers to support those at risk of, or surviving intimate partner violence (IPV), human trafficking (HT) and exploitation, and to bolster prevention efforts.



Learn more: [www.HealthPartnersIPVE.org](http://www.HealthPartnersIPVE.org)

# Check out our tools!

39



**FUTURES**  
WITHOUT VIOLENCE

OUR WORK ABOUT US RESOURCES & EVENTS TAKE ACTION GET HELP NEWS DONATE

## PROJECT CATALYST: STATE-WIDE TRANSFORMATION ON HEALTH, IPV, AND HUMAN TRAFFICKING

Please join us for a webinar on Tuesday, February 22 at 10am-11am PT/11am-12pm MT/12-1pm CT/1-2pm ET, "Lessons Learned from Project Catalyst: State/Territory-Wide Transformation on Health, Intimate Partner Violence, and Human Trafficking". Register now!

Through Project Catalyst: State/Territory-Wide Transformation on Health, Intimate Partner Violence, and Human Trafficking, Futures Without Violence partnered with several states and one territory to foster intimate partner violence (IPV), human trafficking (HT), and health leadership and collaboration at the U.S. state and territory level to improve the health and safety outcomes for survivors of IPV and HT and to promote prevention. From 2017 to 2021, FUTURES provided training and technical assistance for state/territory leadership teams consisting of leaders from each state/territory's Primary Care Association, Department of Health/Public Health/Human Services, and Domestic Violence Coalition. Participating Project Catalyst states/territories included:

- **Phase I:** Arkansas, Connecticut, Idaho, and Iowa (Minnesota participated as a self-funded team)
- **Phase II:** Colorado, Guam, and North Carolina
- **Phase III:** Georgia, Minnesota, and Ohio

<https://www.futureswithoutviolence.org/health/project-catalyst/>



# Thank you!

40



- Anisa Ali, MA  
[aali@futureswithoutviolence.org](mailto:aali@futureswithoutviolence.org)
- Lisa James, MA  
[ljames@futureswithoutviolence.org](mailto:ljames@futureswithoutviolence.org)
- Elizabeth Miller, MD, PhD  
[elizabeth.miller@chp.edu](mailto:elizabeth.miller@chp.edu)
- Anna Marjavi  
[amarjavi@futureswithoutviolence.org](mailto:amarjavi@futureswithoutviolence.org)
- Graciela Olguin  
[golguin@futureswithoutviolence.org](mailto:golguin@futureswithoutviolence.org)
- Sarah Scott, MPH Candidate,  
[scottse@upmc.edu](mailto:scottse@upmc.edu)

**Evaluation:** <https://redcap.link/egys0xbx>